

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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LOBBYIST REGISTRATION FORMETHICS COMMISSION

(Type or Print Clearly) PART I **LOBBYIST** NAME (Last) (First) (Middle) **TELEPHONE** Matsuura Scott Α (808) 927-0619 MAILING ADDRESS (Street) FAX 21 Hapua Place (808) 244-9761 (City) (State) (Zip Code) Wailuku HI 96793 EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) **TELEPHONE** SPJ Consulting, LLC (808) 927-0619 MAILING ADDRESS (Street) FAX 45-248A Pahikaua Place (City) (State) (Zip Code) Kaneohe Ш 96744

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PART II ORGANIZATION		
NAME OF ORGANIZATION YOU	LOBBY FOR (Do not abbreviate)	TELEPHONE
HONOLULU E	DUARD OF WATER SUPPLY	748-5000
MAILING ADDRESS (Street)	-	FAX
630 S. BA	LETANIA STREET	
(City)	(State)	(Zip Code)
HONOLULU	HAWATI	96843
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Su SHIN	L	748-5311
MAILING ADDRESS (Street)	FAX	
630 S. Bt	550-5588	
(City)	(State)	(Zip Code)
HONOLULU	HAWAII	96843

LREG 03/2005

PART III DESCRIPTION	OF SUBJECTS UPON WH	IICH YOU EXPECT TO LOBB	Υ	
☐ Agriculture	Education	☐ Human Services	Science, Technology & Economic Development	
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	☐ Tourism & Recreation	
Consumer Protection & Commerce	☐ Hawalian Affairs	Labor & Employment	Transportation	
Culture, Arts, Historic Preservation	☐ Health	Planning, Land & Water Use Management	Other: (indicate below)	
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections		
BARTIV OFFICIOATION	U OF LODDWICT			
PART IV CERTIFICATION OF LOBBYIST				
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.				
	V.V.	2. Annual Control of C	1/9/77	
(Signature of Lobb ist) (Date)				
	(Oignature of 2000 hot)		(Date)	
PART V AUTHORIZATION TO LOBBY				
NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED				
Su SHIN	Ct	HEF COMMUNICAT		
NAME OF ORGANIZATION (if ap	plicable)		TELEPHONE	
HONOWLU T	BOARD OF WA	TER SUPPLY	748-5311	
MAILING ADDRESS (Street)			FAX	
630 S.B	BRETANIA ST		550-5588	
(City)	(State)		(Zip Code)	
HONOLULU	HAW.	NUL	6843	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.				
	#		1/9/07	
/ / /				
(Signature of Aut	horizing Officer or Person Repres	sented)	(Date)	